

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	3/3/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	10115	10015	5-5-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	01/11	
2	✓	02/11	
3	✓	03/11	
4	✓	04/11	
5	✓	05/11	
6	✓	06/11	
7	✓	07/11	
8	✓	08/11	
9	✓	09/11	
10	✓	10/11	
11	✓	11/11	
12	✓	12/11	
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49	✓	49/11	
50	✓	50/11	

Claim	Final	Original	Date
51	✓	51/11	
52	✓	52/11	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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